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23129 7590 10/30/2007  
**SPENCER, FANE, BRITT & BROWNE**  
1000 WALNUT STREET  
SUITE 1400  
KANSAS CITY, MO 64106-2140

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/693,605	10/20/2000	Ashraf Madoukh	5009909-6	8437

TITLE OF INVENTION: HIDDEN LINK DYNAMIC KEY MANAGER FOR USE IN COMPUTER SYSTEMS WITH DATABASE STRUCTURE FOR STORAGE OF ENCRYPTED DATA AND METHOD FOR STORAGE AND RETRIEVAL OF ENCRYPTED DATA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$0	\$0	\$720	01/30/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
SHERKAT, AREZOO		2131	380-277000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, <input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<i>Spencer Fane Britt &amp; Browne PLLC</i>
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

*Erucos, Inc.*

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

*Lenexa, Kansas 66219*

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <i>50-0254</i> . Enclose an extra copy of this form.

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Gethard P. Shipley*

Date *10-30-2007*

Typed or printed name *Gethard P. Shipley*

Registration No. *45,682*

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